PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

Under the Paperwo	ork Reduction Act of 199	95, no persons are requi	U.S. Paten ired to respond to	t and Trader a collection o	nark Office; U.S. finformation unless	DEPARTI it displays	MENT OF COMMERCE valid OMB control number	
- NET			Complete if Known					
FEE TRANSMITTAL			Application	Application Number				
			Filing Date		September 26, 2003			
For FY 2005		First Name	First Named Inventor		OSAMU KANOME ET AL.			
		Examiner Name		Marissa L. Fer	guson			
Applicant claims small entity status. See 37 C.F.R. 1.27			Art Unit	Art Unit		2854		
TOTAL AMOUNT OF	PAYMENT (\$	5) 0.00	Attorney Do	cket No.	01272.020632			
METHOD OF PAYME	NT (check all that ap	oply)					<u>-</u>	
Check	Credit Card	Money Order	None	Ot	ner (please iden	tify):		
· ·	Deposit Account Number				•	, Cella, I	Harper & Scinto	
For the above-iden	tified deposit account, th	ne Director is hereby au	thorized to: (ched	k all that apply	')			
	fee(s) indicated below			Charge fe	e(s) indicated belov	w, except fo	r the filing fee	
	any additional fee(s) or u der 37 C.F.R. 1.16 and		X	Credit any	overpayments			
WARNING: Information on the information and authorization and authorization.		blic. Credit card informat	ion should not be	Included on thi	s form. Provide cred	lit card		
FEE CALCULATION								
1. BASIC FILING, SE	ARCH. AND EXAMI	NATION FEES			-			
	FILING FEES	SEA	ARCH FEES		MINATION FEE	S		
Application Type	Small Enti Fee (\$) Fee (\$)	ity Fee	Small Entity (\$) Fee(\$)	<u>′</u> <u>Fee</u> (Small Entity \$) Fee(\$)	Fe	ees Paid (\$)	
Utility	300 150	50		20		_		
Design	200 100	10		13		_		
Plant Reissue	200 100 300 150	30 50		16 60		_		
							··· ·	
2. EXCESS CLAIM F	EES						mall Entity	
Fee Description Each claim over 20 or	for Reissues, each	claim over 20 and m	ore than in the	original pate	ent	<u>Fee(\$)</u> 50	<u>Fee(\$)</u> 25	
Each independent clai	m over 3 or, for Reis					200	100	
Multiple dependent cla						360	180	
Total Claims	Extra Claims	Fee (\$) Fee F	Paid (\$)	<u>Multi</u>	le Dependent Cla	<u>ims</u>		
<u>26</u> - 20 or H HP = highest number		0 =	0	<u>F</u>	<u>ee(\$)</u> <u>F</u>	ee Paid (\$)	
_	•			_	0	0	_	
Indep. Claims	Extra Claims	<u>Fee(\$)</u>	Fee Paid (\$	1				
$\frac{12}{HP} = \frac{0}{highest} = \frac{0}{highest} = \frac{0}{highest}$ number of independent claims paid for, if greater than 3								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Sheets	Number of each	additional 50 or	fraction there	of Fee (<u>5)</u> <u>!</u>	Fee Paid (\$)	
100 =	/!	50 =	(round u	to a whole n	ımber) x	=		
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other:								
SUBMITTED BY		1/1/11	 .					
Signature	10	Wall		stration No.	30,110	Telephor 202-530-		

SUBMITTED BY	1/11/11		
Signature	Mal	Registration No. (Attorney/Agent) 30,110	Telephone 202-530-1010
Name (Print/Type)	Lawrence A. Stahl		Date: March 11, 2005







BOX AF
RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINER GROUP 2854

01272.020632

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

	In re Application of:)	
		:	Examiner: Marissa L. Ferguson
	OSAMU KANOME, ET AL.)	
		:	Group Art Unit: 2854
	Application No.: 10/670,566)	
		:	Confirmation No.: 2327
ì	Filed: September 26, 2003)	
À		:	
4)	For: ABSORPTION BELT, IMAGE FORM		March 11, 2005
. •	APPARATUS WITH ABSORPTION F	BELT:	
	AND METHOD FOR PRODUCING)	
	ABSORPTION BELT	:	•

Mail Stop AF COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Office Action mailed December 15, 2004, the Examiner is respectfully requested to consider and enter the following amendments: